

JAN 25 2005



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1.312 Amendment

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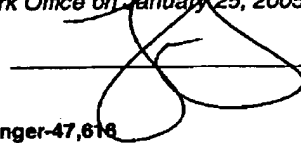
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**FROM: Laura Grunzinger-47,618****Fax No. 513-627-0318****Phone No. 513-627-1888**

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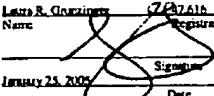
- 1) AF Amendment <sup>10</sup> (8 pages)
- 2) Amendment Transmittal (1 pg. + copy)
- 3)
- 4)
- 5)

**Inventor(s): Kott et al.****S.N.: 10/038,170****Filed: October 22, 2001****Case: 6768CD****Comments:**

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Laura R. Grunzinger Name	47,616 Registration No. (if applicable)
 Signature	
January 25, 2005 Date	

**IN THE UNITED STATES PATENT & TRADEMARK OFFICE  
RESPONSE/AMENDMENT**

Mail Stop AF Amendment  
**COMMISSIONER FOR PATENTS**  
 P.O. Box 1450  
 Alexandria, VA 22313-1450

Dear Sir:

Transmitted herewith is an AMENDMENT for the patent application:

Application No. : 10/038,170  
 Applicant(s) : Kott et al.  
 Filed : October 22, 2001  
 Title : IMPROVED ALKYLARYLS  
 TC/A.U. : 1751  
 Examiner : Necholas Ogden Jr.  
 Conf. No. : 8450  
 Docket No. : 6768CD  
 Customer No. : 27752

- ☒ No additional fees (claims fees or extension fees) are known to be required.
- ☐ The fee has been calculated as shown below:

	(Col. 1)		(Col. 2)	(Col. 3)	OTHER THAN A SMALL ENTITY	
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NO. PREVIOUSLY PAID FOR	PRESENT EXTRA*	RATE	FEE
TOTAL	*	MINUS	**	=	x \$ 50 =	\$
INDEP.	*	MINUS	***	=	x \$200 =	\$
FIRST PRESENTATION OF MULTIPLE DEP. CLAIM					+ \$360 =	\$
					TOTAL	\$

\* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

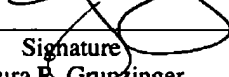
\*\* If the highest number of total claims previously paid for is less than 20, write "20" in this space.

\*\*\* If the highest number of independent claims previously paid for is less than 3, write "3" in this space.

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box in Col. 1 of a prior amendment or the number of claims originally filed.

- ☒ The Commissioner is hereby petitioned under 37 CFR §1.136(a) to grant any extension of time needed for timely response to the Office Action dated in the above-identified application to preserve pendency of said application. The processing fee under 37 CFR §1.17 has been determined as follows: \$ for a -month extension of time.
- The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 16-2480. A duplicate copy of this sheet is attached.
  - ☒ Any patent application processing fees under 37 CFR §1.16.
  - ☒ Any patent application processing fees under 37 CFR §1.17.
- The Director is hereby authorized to make any additional copies of this sheet needed to accomplish the purposes provided for herein and to charge any fee for such copies to Deposit Account No. 16-2480.

**THE PROCTER & GAMBLE COMPANY**

By   
 Signature  
 Laura R. Grunzinger  
 Typed or Printed Name  
 Registration No. 47,616  
 (513) 627-1888

Date: January 25, 2005  
 Customer No. 27752

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Name _____ Signature _____ Date _____	Registration No. (if applicable) _____ 247,616

**IN THE UNITED STATES PATENT & TRADEMARK OFFICE  
RESPONSE/AMENDMENT**

Mail Stop AF Amendment  
**COMMISSIONER FOR PATENTS**  
 P.O. Box 1450  
 Alexandria, VA 22313-1450

Dear Sir:

Transmitted herewith is an **AMENDMENT** for the patent application:

Application No.	:	10/038,170
Applicant(s)	:	Kott et al.
Filed	:	October 22, 2001
Title	:	IMPROVED ALKYLARYLS
TC/A.U.	:	1751
Examiner	:	Necholus Ogden Jr.
Conf. No.	:	8450
Docket No.	:	6768CD
Customer No.	:	27752

- ☒ No additional fees (claims fees or extension fees) are known to be required.
- ☐ The fee has been calculated as shown below:

	(Col. 1)		(Col. 2)	(Col. 3)	OTHER THAN A SMALL ENTITY	
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NO. PREVIOUSLY PAID FOR	PRESENT EXTRA*	RATE	FEE
TOTAL	*	MINUS	**	=	x \$ 50 =	\$
INDEP.	*	MINUS	***	=	x \$200 =	\$
FIRST PRESENTATION OF MULTIPLE DEP. CLAIM					+ \$360 =	\$
					TOTAL	\$

- \* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.  
 \*\* If the highest number of total claims previously paid for is less than 20, write "20" in this space.  
 \*\*\* If the highest number of independent claims previously paid for is less than 3, write "3" in this space.  
 The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box in Col. 1 of a prior amendment or the number of claims originally filed.

- ☒ The Commissioner is hereby petitioned under 37 CFR §1.136(a) to grant any extension of time needed for timely response to the Office Action dated in the above-identified application to preserve pendency of said application. The processing fee under 37 CFR §1.17 has been determined as follows: \$ for a -month extension of time.
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**THE PROCTER & GAMBLE COMPANY**

By \_\_\_\_\_  
 Signature \_\_\_\_\_  
 Laura R. Gruenzinger  
 Typed or Printed Name  
 Registration No. 47,616  
 (513) 627-1888

Date: January 25, 2005  
 Customer No. 27752

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I <input checked="" type="checkbox"/> facsimile transmitted to Examiner Ogden of the U.S. Patent and Trademark Office via fax number (571) 273-1322	
Lawrence R. Gonzales	47,616
Name	Registration No. (if applicable)
January 25, 2005	Signature
	Date

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Application No. : 10/038,170  
Applicant(s) : Kott et al.  
Filed : October 22, 2001  
Title : IMPROVED ALKYLARYLS  
TC/A.U. : 1751  
Examiner : Necholas Ogden Jr.  
Conf. No. : 8450  
Docket No. : 6768CD  
Customer No. : 27752

**AMENDMENT AFTER ALLOWANCE UNDER 37 CFR § 1.312**

Mail Stop AF  
Commissioner for Patents  
P. O. Box 1450  
Alexandria, VA 22313-1450  
Dear Sir:

**INTRODUCTORY REMARKS**

In response to the Notice of Allowance of November 15, 2004, please amend the above-identified application as follows and consider the following remarks and reconsider the application. Please amend the above-identified application as follows:

*Amendments to the Claims* begin on page 2 of this paper.

*Remarks* begin on page 9 of this paper.